

Workforce & Organisation Development Committee

Minutes of the meeting of the Workforce and Organisation Development Committee of Sheffield Health and Social Care NHS Foundation Trust held on Tuesday 18th April 2017 at 9am in the Rivelin Boardroom, Old Fulwood Road, Sheffield, S10 3TH.

Present:

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| 1. | Susan Rogers | Chair / Non-Executive Director of the Board (SR) |
| 2. | Ann Stanley | Non-Executive Director of the Board (AS) |
| 3. | Clive Clarke | Deputy Chief Executive, Director of Ops, Exec Director of the Board (CC) |

In Attendance:

- | | | |
|----|-------------|---|
| 4. | Dean Wilson | Director of Human Resources, Associate Director of the Board (DW) |
| 5. | Helen Walsh | PA to Director of Human Resources (notes) (HW) |

Apologies:

- | | | |
|-----|---------------------|--|
| 6. | Dr Mike Hunter | Medical Director / Executive Director of the Board (MH) |
| 7. | Mr Phillip Easthope | Director of Finance, Executive Director of the Board (PE) |
| 8. | Liz Lightbown | Director of Nursing, Professions & Care Standards and Executive Director of the Board (LL) |
| 9. | Margaret Saunders | Director of Corporate Governance, Board Secretary (MS) |
| 10. | Cllr Leigh Bramall | Non-Executive Director of the Board (LB) |
| 11. | Ms Caroline Parry | Deputy Director of Human Resources (CP) |
| 12. | Guy Hollingsworth | Corporate Transformation Lead (GH) |

	Lead
<p>1/04/17 1 Welcome & Apologies WODC</p> <p style="margin-left: 40px;">The Chair welcomed members to the meeting and the apologies were noted.</p>	
<p>2a/04/17 2a Minutes of the meeting held on 31st January 2017 WODC</p> <p style="margin-left: 40px;">The minutes of the meeting held on 31st January 2017 were agreed as an accurate record subject to the following amendments:</p> <p style="margin-left: 40px;">Page 4 – “Mr Wilson added that the clearing house arrangements the Trust has in place with Sheffield Children’s Trust and Sheffield Teaching Hospitals have re-commenced.”</p> <p style="margin-left: 40px;">Page 16 – “Apprenticeship Levy and Leadership and Management training pathway – Ms Stanley and Ms Dickinson to have a separate discussion outside of the meeting with regards to an overview of both items”.</p> <p style="margin-left: 40px;">The confirmed WODC minutes dated 31st January will be submitted to the May 2017 Board Meeting.</p>	

2b/04/17 2b **Matters Arising from 31st January 2017**

WODC

- 1) **Doctors in training and Doctors who are substantive/permanent**
The Chair reported that she has met with Helen Crimlisk which was useful and assisted with the planning for the Workforce and OD Strategy.
- 2) **Membership of the Workforce and OD Committee**
The Chair confirmed that the membership of WODC consists of three NEDs (currently: The Chair - Sue Rogers, Ann Stanley and Cllr Leigh Bramall) and four Executive Directors. Committee will be deemed quorate provided that there is a minimum of three members (at least two NEDs and one Executive). Further consideration will be given to the third NED seat on Committee following Cllr Leigh Bramall's resignation from Sheffield City Council. The Chair to follow this up with Jayne Brown and Margaret Saunders.
- 3) **Use of the WODC Agenda Planner format by other Committees**
The Chair has suggested to the Chairs of other Board sub-Committees that they use the WODC Agenda Planner format for their meetings.
- 4) **Meeting with Dr Mukani Purva (Anti-bullying tsar at Hull & East Yorkshire Trust)**
Mr Wilson reported that Dr Mukani Purva was unable to attend a meeting here in Sheffield but a number of colleagues from SHSC will be attending a meeting in Hull on 5th May 2017. Ms Parry to provide an update at the next meeting.
- 5) **Improving Attendance Report from the Attendance Case Manager**
It was confirmed that this report was positively received by February Board.
- 6) **Initiatives around Physical Activity – Wellness Intervention**
It was recognised that a lot of work is underway regarding staff health and wellbeing, including progress on CQUINS funding for various initiatives. It was noted that a report is due to be received by Committee in July 2017 [now October] from the Staff Health and Wellbeing Group. The lead for this is Julie Edwards, Director of Therapy Services.
- 7) **Head of Communications**
Mr Clarke and Mr Wilson reported that a temporary person is in post prior to the Head of Communications commencing in May 2017. Mr Clarke said he would speak to Margaret Saunders to establish when a first draft of the Communications Strategy would be available.
- 8) **Carers' Strategy**
The Chair confirmed that she had ensured that Mervyn Thomas, Chair of the Quality and Assurance Committee is aware of the Carers' Strategy with the potential for progress to be monitored via the Service Users Engagement Group. However, it has since been decided that the the Carers' Strategy will sit within the remit of the Workforce and OD Committee.
- 9) **Board Assurance Framework (BAF)**
Mr Wilson has met with Margaret Saunders regarding updating the BAF. However, further updates are due following a meeting between the Chair and Mr Wilson.

Chair

CP

JE

CC

Chair
DW

	<p>10) Apprenticeship Levy Mr Clarke reported that a great deal of positive work continues to take place regarding the Apprenticeship Levy, and confirmed that Karen Dickinson's Report had been positively received and supported by the Business Planning Group.</p> <p>11) Feedback from the Recognition Awards Event The Chair reported that positive feedback has been received regarding the event apart from a couple of hitches, including the booklet printing. Another event will take place next year.</p> <p>12) NHS Staff Council update It was noted that an update would be provided at the July meeting.</p>	DW
2c/04/17 WODC	<p>2c Action Log Committee members received the Action Log for information.</p> <p>Mandatory Training compliance v patient safety Mr Guy Hollingsworth / Ms Jennie Wilson to include this in a future Mandatory Training Report for EDG, prior to being received by WODC.</p> <p>It was noted that the link between mandatory training compliance and patient safety is on the Corporate Risk Register. Following further discussion it was agreed to revisit this at WODC when the information is available.</p> <p>The Chair confirmed that all of the other actions on the WODC Action Log have either been completed or already covered under matters arising.</p>	GH JW
3/04/17 WODC	<p>3 Agenda Planner - Work Programme Committee members received the Agenda Planner for information and assurance.</p>	
4/04/17 WODC	<p>4a Future Workforce Reports Mr Wilson reported that, due to the change of inputting dates at Payroll and a clash with the timing of other reports, there is a delay in obtaining the most up-to-date data from ESR for the Workforce Report in time for the current dates of the meetings. It was therefore agreed to move the July and October dates to later in the month i.e. Friday 28th July 2017 and Wednesday 25th October 2017. Committee members were asked to note these new dates in their diaries.</p>	
	<p>4b Mandatory Training Update (including new starters) Mr Wilson presented the report provided by Mr Guy Hollingsworth.</p> <p>End of March figures continue to show a slight improvement across all subjects. Area of concern – changes within the Safeguarding Office mean that the Trust now only has one trainer for Safeguarding Training. Mr Clarke suggested speaking to Ms Giz Sangha for clarity.</p>	CC

"New Starters

As well as Induction, new starters will need to be able to attend the other training that they require within a reasonable period of time after starting with the Trust (3 months is the proposed target). Some courses (e.g. Clinical Risk, Respect) are significantly lengthier when undertaken for the first time (i.e. not as an update). This plan assumes approx 350 new starters per year. In-Patient services have a higher proportion of new starters and this is built into assumptions for the numbers of courses for new starters required for that staff group. Taking into consideration the numbers above, 20 induction courses are required. However, estimates for new starters in 2017 / 18 are lower so 12 Induction courses will be planned. These will cover:

Equality and Diversity, Hand Hygiene, Health and Safety Awareness Information Governance, Basic Life Support, Infection Control, Slips Trips and Falls, Dementia and Autism Awareness, Fire, MCA and DoLs Level 1, all theory elements required for the Care Certificate, Trust structure, Recovery, Service User involvement, Recovery Enterprises and key essential messages including working time directives.

Core Mandatory Training at Induction programme is 3 days with then a further day for Comprehensive Safeguarding Training.

Other Subjects required for New Starters (depending on their role) are:

Clinical Risk - full day course - 6 a year - provided by ETD trainer.

MCA Level 2 - half day course - 6 a year - will require trainers external to ETD.

Medicine Management and Rapid Tranquilisation - these could be run as afternoon sessions after the MCA training. Only nurses will need to attend these and Rapid Tranquilisation is only required for in-patient nurses - 6 per year in the afternoon of the day MCA. 6 x MHA full day am for all qualified staff and all day for in-patient staff (assumes CQC requirement for MHA training to be wider than just in-patient nurses).

In addition to this, comprehensive Safeguarding Training is already set up so that new starters can attend as part of their Induction Programme.

New starters may also require Immediate Life Support Training and Respect Training but will book onto these courses via the online booking system that is available for all relevant staff."

Following a query from the Chair, it was confirmed that the 3 month target for new starters to complete their Induction and required training, takes into consideration annual leave or other reason that may prevent the new starter from completing this sooner. It was also confirmed that the training is tailored to the 'status' of the audience, wherever possible (i.e. doctors etc).

Ms Stanley recalled that Anita Winter had previously raised an objection to one element of the training plan. DW to establish the details of this concern prior to the next meeting of WODC.

Following a discussion regarding potential risks relating to the collection of data it was confirmed that there are improved mechanisms in place to address this.

A discussion also took place regarding the risk relating to availability of sufficient and adequate Training space once the Trust Headquarters leaves

DW

	<p>Fulwood. It was confirmed that the Leaving Fulwood Programme Board are dealing with this via their planning arrangements.</p> <p>Following a substantial discussion relating to the Trust blanket target of 80%, it was confirmed that the CQC had recently reduced their target to 75%. Committee members can be assured that EDG receive regular updates on mandatory training and the Trust target is being reviewed.</p> <p>The Chair would like to attend the 3 day mandatory training before she leaves the Trust. HW to advise Karen Jones who can arrange this for the Chair.</p>	<p>HW KJ</p>
<p>05/04/17 5 WODC</p>	<p>Occupational Health Contract update</p> <p>Mr Wilson confirmed that following withdrawal, by Sheffield Teaching Hospitals (STH), from the SHSC Workplace Wellbeing Contract the Trust have therefore changed the Occupational Health Contract (OH) tender documentation to include the provision of a Workplace Wellbeing Service (WWB). There is some fine tuning of the tender documentation before it can be submitted. We are also required to give STH 6 months notice of withdrawing from the OH Contract. Dr Alison Rimmer, Chief Consultant and Head of OH at STH is aware of the Trust's intentions.</p> <p>Mr Wilson further reported that local Sustainability Transformation Programme (STP) discussions have confirmed that the provision of the OH and WWB Services should remain within the NHS. Noted that STH are not on the framework.</p>	
<p>06/04/17 6 WODC</p>	<p>Workplace Wellbeing update and PhysioMed</p> <p>Mr Wilson reported that PhysioMed is a Fast-track Musculoskeletal Physiotherapy Service that has been put in place for staff. PhysioMed are the largest provider of physiotherapy services in the UK. The Sheffield Children's Trust and the Department of Work and Pensions already receive the service. The Trust are funding the PhysioMed service from the Back-Care Provision budget following the departure of the Back-care Coordinator who used to provide services to the Trust via STH.</p> <p>A 6 month pilot has commenced with PhysioMed. Firstly, staff members who are currently off work long term sick with a musculoskeletal condition were invited to take advantage of the service (provided they were not already receiving care from another service). Secondly, individuals who are at work with a musculoskeletal condition were made aware of the service. Take-up of the service is good and feedback from staff, so far, is very positive. Some individuals have received a reply from PhysioMed within the hour.</p> <p>Mr Wilson reported that a similar Fast-track psychological service through the Trust's IAPT service is also being developed for staff.</p> <p>The Workplace Wellbeing Service is under a period consultation with staff at present and an options appraisal will be submitted to EDG from Gwyneth De Lacey and Rebecca Haines as to what the future of that service might look like. Hence the need to include WWB in the tender for a new OH provider.</p>	

The Chair requested that a report is provided to WODC that pulls together all elements of the health and wellbeing agenda to cover all aspects and future plans. Noted for October 2017.

DW
JE

07/04/17 7 **Pay Progression Criteria**

WODC

Mr Wilson reported on the directive from the NHS Staff Council, as agreed with national Staff Side representatives. Also discussed locally at the Trust's Joint Consultative Forum (JCF) and agreed with Trust Staff Side members. The Department of Health regularly request data from Trusts regarding this initiative.

“Arrangements from 1st October 2016

Annex 4 of Agenda for Change states that “incremental pay progression for all pay points will be conditional upon individuals demonstrating that they have the requisite knowledge, skills / competencies for their role and that they have demonstrated the required level of performance and delivery”.

Progression through all incremental pay points is conditional on employees being able to demonstrate that they have met locally determined performance criteria. In accordance with this provision, the Trust is continuing to develop appropriate criteria by which it can be satisfied that the required level of performance has been met for incremental progression to occur.

*Following discussions with Staff Side at the Joint Consultative Forum, the following criteria must be adhered to **from 1st October 2016**, in order to receive incremental pay progression:*

- *No live disciplinary warnings. This provision already applied prior to 01/10/16 (this applies to either a written or final written warning under the Disciplinary Policy or the formal stages of the Capability Procedure)*
- *Undertaking a PDR during the Focal Point Window.*
- *Up-to-date Mandatory Training in the following six subject areas, by the incremental progression due date:*
 - Basic Life Support
 - Equality and Diversity
 - Information Governance
 - Hand Hygiene
 - Slips, Trips and Falls
 - Health and Safety Awareness

*Additionally, **for Line Managers** – that they have demonstrated that all reasonable attempts have been made to ensure that their staff have undertaken a PDR during the Focal Point Window. Once these criteria are satisfied, an individual may apply for Incremental Pay Progression. Incremental Pay Progression is not automatically applied.*

Live Disciplinary Warnings

Anyone who has a live disciplinary warning at the time of their incremental date will not progress. This applies to either a written or final written warning under the Disciplinary Policy (and the formal stages under the Capability Procedure). This provision will not apply at the current time to warnings under the Promoting Attendance and Managing Sickness Absence Policy.

Arrangements from 1st October 2017

From 1st October 2017, further criteria will need to be satisfied before relevant staff may apply to receive their incremental pay progression.

- Fire (all staff)
- Dementia and Autism Awareness
- Care Certificate (for relevant staff only)

Following a discussion with Staff Side at JCF, the criteria at the current time will not include warnings under the Promoting Attendance and Managing Sickness Absence Policy.

Reviews

Staff may request a review should there be a valid explanation for the PDR not taking place during the Focal Point window or the specified mandatory training not having been completed. Staff should be able to evidence that they have made reasonable attempts for a PDR discussion to have taken place or to have attempted to book onto any outstanding training. There is no review in respect of disciplinary warnings as an appeal procedure against a disciplinary sanction already exists.

Scope

Some staff will not be subject to the provision either because they are already at the top of the relevant scale or, as a result of the current national agreement terms. Staff who are not on Agenda for Change contracts are unaffected by these arrangements e.g. medical staff or staff who have transferred to the Trust and maintained their previous non-Agenda for Change pay arrangements.

It is important to note that staff who these provisions do not apply to still need to undertake a PDR during the Focal Point Window, apart from some staff who have different appraisal arrangements (e.g. medical staff). Similarly, all staff need to complete all aspects of their mandatory training.

Exemptions to these provisions for staff on long term sick, maternity leave etc may be applied. In addition, managers who have undertaken reasonable attempts to complete team PDRs etc may also be referred to the Director of Human Resources on appeal.”

Following a discussion regarding the addition of Dementia and Autism Awareness Training to the application criteria, it was confirmed that this training can be easily achieved via eLearning.

Committee members requested data on the numbers of staff who haven't had their incremental pay progression and the financial savings achieved. Following a query from the Chair, Mr Wilson reported that the data is evenly spread across pay bands and does not appear to disadvantage any grade. Data will be available at the next meeting of WODC in July [now October]. The financial savings data will be available at the April 2018 meeting of WODC, following the financial year end, and annually from then on.

DW

08/04/17 8 **Workforce and OD Strategy progress**
WODC

Mr Wilson and the Chair presented the draft plan outlining the Workforce Strategy objectives and actions, and reported that further development of the Workforce and OD Strategy is dependant on the Trust Strategic Framework that will be finalised in May 2017. Caroline Parry, Deputy Director of Human Resources is the lead for the Workforce and OD Strategy. Committee members commented on the positive progress made. It was noted that an action plan will follow in due course which will contain target dates, possibly a 3-5 year plan.

CP

09/04/17 9
WODC

Sustainability & Transformation Programme (STP: Working Together Group)

Mr Wilson reported on the following work-streams that are being considered by the Working Together Group across 7 regional Trusts (led by Ben Chico, Working Together Project Manager, Rotherham NHS Foundation Trust, Woodside):

- Workforce systems and compliance – optimising ESR Self Service and eRostering management.
- Recruitment – agreeing the perfect pathway and best ways to recruit.
- Passporting – DBS checks / training
- Bank and Agency arrangements (sharing info re agency cap breaches)
- Pay bandings – certain roles across organisations have different pay bands. Mr Wilson is undertaking a review of job descriptions.

No timescale for any of this but there is recognition that the STP initiative is a lengthy programme and is not progressing quickly. South Yorkshire and Bassetlaw Trust have been identified as one of the nine vanguards nationally. It is also recognised that local Trusts (SHSC, RDaSH, SCH, STH) could work together on these initiatives irrelevant of STP. Mr Wilson confirmed that meetings are being arranged with local Trusts.

10/04/17 10
WODC

Health and Safety Committee – 6 monthly report

Mr Wilson presented the report from Charlie Stephenson, Health, Safety and Risk Adviser which is an over-arching snap-shot of a much larger report that will be presented to the Health and Safety Committee. Mr Wilson is meeting with Mr Stephenson and Mr Gamble, Deputy Director/Maintenance and Grounds Manager in May to progress that comprehensive report.

The Chair suggested that the comprehensive report includes an annual work plan for assurance and compliance with health and safety issues. Ms Stanley added that assurance may well be contained in the Terms of Reference for the Health and Safety Committee. The Chair requested these to be presented to WODC in October 2017.

DW
CS

11/04/17 11
WODC

Staff Survey Results 2016

Mr Wilson presented the April Board paper on the analysis of the SHSC Staff Survey 2016 results.

The national Staff Survey is carried out annually on behalf of all Trusts. At a local level the survey itself is conducted independently by an approved sub-contractor (Quality Health) and the results are then collated and benchmarked at national level. A summary of the 32 key findings for the Trust was provided to Committee along with further synopsis of the main conclusions. It was suggested not to place too much weight on small changes, in particular scores, as in a number of cases the score for this year is not statistically significant from the previous year but still appears to have been used for benchmarking purposes. The response rate for the 2016 survey was 40% which is below the average for last year. However, it is important to note that the 2016 survey was of all eligible staff, rather than a sample, and there were over 1,000 completed responses.

It was noted that the preliminary report will form part of the picture in determining future action. In particular it will feed into the People Plans which are intended to underpin the Directorate Business Plans. The survey results will also be iterated with Staff Side at the Joint Consultative Forum in order that their views on priorities and actions can be taken into account. It is presumed that the resulting actions will be determined in line with the Trust Strategy and build on any work currently underway. So, for example, the scores relating to violence and harassment will be considered by the action group which has already been formed and the results relating to health and wellbeing will be looked at in the context of the current action plans. The score relating to training is in respect of non mandatory training so its relative importance will have to be considered in the context of the actions being taken forward for mandatory training. The results for appraisals reflect the priority which has been given to this area in terms of coverage and it is appreciated that more attention now also needs to be given to measures relating to quality. The issue of understanding the basis for the scores relating to staff motivation will also need further consideration in terms of the Trust approach to engage including how to improve the response rate for the survey itself.

The Chair pointed out that the key area for improvement relates to staff motivation and noted that this would be covered by the action plan. DW confirmed this as one of the five worst ranking scores to focus on.

12/04/17 12 **Audit Reports**
WODC

a) Disciplinary Investigations Review

Mr Wilson reported that there are definitely recommendations and improvements to be made in the way we investigate cases. There are other pieces of work running parallel with this including the quality of investigation reports. Margaret Saunders is leading on this piece of work. A small team of investigators is also being considered. Mr Clarke confirmed that the Clinical Directorate restructure includes this element.

The Chair was concerned to note that at the time of the Audit there were 249 live cases, compared with the lack of suspensions. Committee agreed with Ms Stanley's observation that each of the Trust Board Sub-Committees should receive updates on recommendations in order that the actions can be implemented quickly, and tracked accordingly. Committee also agreed with the Chair's suggestion that the process should be assessed for potentially being placed on the Risk Register.

It was noted that a follow up exercise by Audit will be undertaken during December 2017 to evaluate progress on the recommendations.

b) Temporary Staffing Arrangements Review

Ms Stanley reported that the issues raised in the Report should be included in the financial section of the Board Assurance Framework. Ms Stanley said that some of the issues have been raised at Audit Committee and that she would check the BAF.

AS

Mr Wilson added that the Effective Staffing Strategic Committee (ESSC) would soon be convened to oversee the work of the following four groups (and include initiatives from the People Plans): Safer Staffing Group, eRostering Operational Group, Bank Steering Group and the Agency and Off-Payroll Management Group.

It was also noted that Agency spend has to be approved by Executive Directors on a weekly basis, which includes breaches against cap rates. The breaches usually occur to protect patient safety. Ms Stanley confirmed that a report an Agency Report is provided to Financial and Investment Committee.

A discussion took place regarding the need for further management training on some of the areas highlighted by the report. Mr Clarke confirmed that this had been raised at Trust Management Group.

It was noted that a follow up exercise by Audit will be undertaken during October 2017 to evaluate progress on the recommendations.

It was re-iterated that Trust Board Sub-Committees will continue to receive relevant updates on actions and recommendations in order to track their swift implementation.

Chair

13/04/17 13 **Agency and off-Payroll Management Group (AoPMG)**
WODC

Mr Wilson present a report on behalf of Guy Hollingsworth, the Chair of the Agency and off-Payroll Management Group. This Group is one of the four Groups that will report to the Effective Staffing Strategic Committee.

The Agency and off-Payroll Task Group has been meeting to co-ordinate actions to reduce agency spend. This has included:

- Oversight of project to develop Bank Admin (in partnership with Liaison TempRE).
- Oversight of development (via eRostering Group) of interface with Agency (this is being planned but still to be implemented).
- Development of Agency to short term contract process in HR.
- Implementation of new rules re IR35.
- Links to Vacancy Control Panel re agency approval over 12 weeks.
- Interim guidance to managers pending full rewrite of procedures.
- Co-ordination of other actions to reduce non payroll expenditure.

The Group has now revised its Terms of Reference to move from being a Task and Finish Group to an on-going Agency and off-Payroll Management Group (from 1st April 2017). Core membership remains as representation from: Finance, HR, Bank, Procurement, Nursing and the Medical Directorate. The Group also distributes monthly reports to a wider group to ensure Directorate ownership.

The greatest volume of agency and consultancy spend to date in 2016-17 is within the Corporate Directorate. However, actions have been undertaken to end a number of placements and replace these with on payroll arrangements.

Current YTD Agency and off-Payroll expenditure (month 11) is £2.872m. The NHSi control target for 2016/17 is £3.021m.

14/04/16 14 **HR Policies Action Plan and Governance Process**
WODC

Mr Wilson presented a report on the HR Policies Action Plan and Governance Process which was primarily conceived prior to the CQC inspection last year, and as such adheres to the latest version of the Trusts Policy on Policies and implementation of the newly convened Policy Governance Group.

The Guidance for Policy Authors, with supporting Flowchart, provides easy to follow reference to the current process and step by step guidance regarding its application. It assists in explaining the different pathways, depending if a particular policy requires significant or minor amendment.

It was noted that the partnership working with Staff Side Representatives, via the Joint Policy Group (a sub-Group of the Joint Consultative Forum), is key to ensuring that changes to HR Policies are agreed and implemented promptly.

Following a query from the Chair, Mr Wilson confirmed that it is the Author's responsibility to ensure that legislative changes are incorporated into HR Policies. Policies can be updated at any time, as necessary, i.e. prior to the given review date.

Following a further query from the Chair, Mr Clarke said that he would follow up with Dani Hydes, Head of Contracts and Tender Management to obtain an update on the current status of the Interpreting Service. It was noted that the Interpreting and Translation Policy was updated in 2014 but never ratified, due to the temporary nature of the current arrangements for this service.

Committee are assured that HR have a robust process for HR Policies as part of the Trust's overall Policy Governance Procedure.

CC

15/04/16 15 **Accountability (received by Committee for information)**
WODC

a) Workforce and OD Committee Annual Report

Committee members received and approved the comprehensive report that will also be considered by the Audit Committee. The purpose of the Annual Review is to review the performance of the Committee against its' Terms of Reference and to provide assurance to the Board of Directors on the Committee's effectiveness, and that there are robust and integrated mechanisms in place to ensure detailed consideration and oversight of the Trust's workforce and organisation development in the context of delivering the Trust's Strategy, the Workforce Strategy and associated activity data.

A discussion took place regarding the attendance of Executive Directors at all Board Sub-committees, and the need for core membership to be set. Mr Clarke said he would take the discussion to the Executive Directors' Group.

CC

b) Corporate Risk Register

Committee discussed the three Risks (2163, 2206 and 3333) and noted the reduction of the risk ratings. It was noted that EDG should assess adding the risks relating to the Disciplinary Investigations Audit Report and the Temporary Staffing Arrangements Audit Report.

DW
CC

c) Board Assurance Framework (BAF)

Some improvement was noted in the RAG rating on the majority of the entries. However, it was agreed that the BAF as a whole requires more work. Committee agreed that discussions should continue between EDG and Margaret Saunders in order to update the BAF, and that Committee would revisit the discussion at the July meeting of WODC.

d) Joint Consultative Forum (JCF) – CONFIRMED notes dated 24-01-17

Committee received for information.

16/04/16 16 **Evaluation of Meeting / Chair's Significant Issues Report**
WODC

The Chair, provided an evaluation of the meeting and the following was noted for the Significant Issues Report for May Board:

- The risks relating to the Disciplinary Investigations Audit Report and the Temporary Staffing Arrangements Audit Report.
- Mandatory Training – upward trajectory, blanket compliance rates and continual review.

17/04/16 17 **Any Other Business**
WODC

- a) Confirmation of new dates for future meeting of the Workforce and OD Committee - Friday 28th July 2017 and Wednesday 25th October 2017.
- b) Committee received a list of compulsory redundancies, for information. Given the amount of organisational change in the Trust at present, Committee agreed that they would like to receive the numbers relating to the redeployment process i.e. number of successful placements and any significant issues.

DW

No further business was reported.

SR checked 21-07-17. Confirmed 28-07-17.

Date of next meeting: Wednesday 25th October 2017
9.30am – 12.30pm, Tudor Boardroom, Fulwood House
Apologies to: Helen Walsh, PA to Director of Human Resources,
helen.walsh@shsc.nhs.uk, Tel 0114 22 63960